

LEGAL SEPARATION WITH CHILDREN For Respondent Only

3

Respond

**Part 3: Respond to a Petition for Legal Separation
(Forms Packet)**



SELF SERVICE CENTER
TO RESPOND TO A PETITION FOR
LEGAL SEPARATION WITH CHILDREN
(Respondent Only)

Part 3: Petition and First Court Papers
(Forms Only)

How to assemble these documents

This packet contains court forms to respond to a petition for Legal Separation With Children. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRLSC3ft	Table of forms in this packet	1
2	DRLSC3k	Checklist for “ <i>Response to Petition for Legal Separation With Children</i> ”	1
3	DRLSC31f	Response to “ <i>Petition for Legal Separation With Children</i> ”	8
4	DRS31f	Response to “ <i>Child Support Information Form</i> ”	4
5	DRCVG13f	“ <i>Affidavit Regarding Minor Children</i> ”	2
6	DRCVG11f	“ <i>Parenting Plan</i> ”	5
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SELF SERVICE CENTER

RESPONSE TO PETITION AND PAPERS FOR LEGAL SEPARATION WITH CHILDREN

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You want to file a response to a Petition for Legal Separation, **AND**
- ✓ You and your spouse have children with each other OR the wife is pregnant by the husband or will be pregnant by the husband before the judge signs the Legal Separation Decree.
- ✓ You do not agree with what your spouse wrote in the Petition.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filling: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS # (if applicable): _____
State Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner or ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

(Name of Petitioner)

Case Number: _____

RESPONSE TO PETITION FOR LEGAL SEPARATION WITH CHILDREN

(Name of Respondent)

STATEMENTS TO THE COURT, UNDER OATH GENERAL INFORMATION:

1. ABOUT MY SPOUSE, THE PETITIONER

Name: _____
Address: _____
Date of Birth: _____ Social Security Number: _____
Occupation: _____
Starting with today, number of months/years in a row, my spouse has lived in Arizona: _____

2. ABOUT ME, THE RESPONDENT

Name: _____
Address: _____
Date of Birth: _____ Social Security Number: _____
Occupation: _____
Starting with today, number of months/years in a row, I have lived in Arizona: _____

3. ABOUT OUR MARRIAGE

Date of Marriage: _____
City and state or country where we were married: _____

4. ABOUT THE LEGAL SEPARATION (check one box)

- ☐ I want to be legally separated from my spouse, OR
☐ I do not want to be legally separated from my spouse because my marriage is over and I want to be divorced.

INFORMATION ABOUT PROPERTY AND DEBTS

Instructions: You must be specific. You must describe the property and debt that should go to you or be paid by you and then check the box. You must then describe the property and debt that should go to or be paid by your spouse, and check the box. For example, under household furnishings you could say, blue and white living room sofa, and then check the box to say whether it should go to you or to your spouse. Never list an item and check both the Petitioner and the Respondent box.

5.a. COMMUNITY PROPERTY: (check one box)

- ☐ My spouse and I did not acquire any community property during the marriage, OR

☐ My spouse and I acquired community property during our marriage, and we should divide it as follows:

Description of property/ Value of property:	My Spouse, Petitioner	Me, Respondent
<input type="checkbox"/> Real estate at: _____ Legal Description: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Real estate at: _____ Legal Description: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Household furniture and appliances: _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Household furnishings: _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other items: _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Description of property/ Value of property:	My Spouse, Petitioner	Me, Respondent
<input type="checkbox"/> Pension/retirement fund/profit sharing/stock plan/401K: <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
<input type="checkbox"/> Motor vehicles: Make: _____ Model: _____ VIN Number: _____ Lien Holder: _____ Make: _____ Model: _____ VIN Number: _____ Lien Holder: _____	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div>

5.b. SEPARATE PROPERTY. (Check all boxes that apply.)

- ☐ I do not have any property that I brought into the marriage or separate property.
- ☐ My spouse, the Petitioner does not have any property that he or she brought into the marriage or separate property.
- ☐ I have property that I brought into the marriage or I have separate property. I want this property awarded to me as described below.
- ☐ My spouse, the Petitioner, has property that he or she brought into the marriage or has separate property. I want this property awarded to my spouse as described below.

Separate Property: (List the property and the value of the property, and check the box to tell the Court who should get the property.)

Description of Property/ Value of Property	My Spouse, Petitioner	Me, Respondent
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

6.a. COMMUNITY DEBTS: (check one box)

- ☐ My spouse and I did not incur any community debts during the marriage, OR
- ☐ We should divide the responsibility for the debts incurred during the marriage as follows:

Description of debt/ Amount of debt:	My Spouse, Petitioner	Me, Respondent
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

6.b. SEPARATE DEBTS. (Check all boxes that apply.)

- ☐ My spouse and I do not have any debts that were incurred prior to the marriage or separate debt, OR
- ☐ I have separate debt or debt that I incurred prior to the marriage that should be paid by me as described below:
- ☐ My spouse has separate debt or debt that he or she or incurred prior to the marriage that should be paid by my spouse as described below:

Description of debt/ Amount of debt:	My Spouse, Petitioner	Me, Respondent
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

7. TAX RETURNS: (Check this box if this is what you want).

☐ After the Judge or Commissioner signs the Decree of Legal Separation, we will pay federal and state taxes as follows: For previous years the parties will file joint federal and state income tax returns. In addition, for previous calendar years, both parties will pay and hold the other harmless from half of all additional income taxes if any and other costs, and each will share equally in any refunds.

For this calendar year (the year that the Decree is signed) and all future calendar years, each party will, subject to IRS Rules and Regulations, file ☐ Joint Tax Returns or ☐ Separate Tax Returns.

8. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY) (check the box that applies to you):

☐ Neither party is entitled to Spousal Maintenance (alimony), OR
☐ Petitioner OR ☐ Respondent is entitled to Spousal Maintenance because: (Check one or more of the box(es) below that apply. At least one reason must apply to get spousal maintenance.)

- ☐ Person lacks sufficient property to provide for his or her reasonable needs;
- ☐ Person is unable to support himself or herself through appropriate employment;
- ☐ Person is the custodian of a child(ren) whose age or condition is such that the person should not be required to seek employment outside the home;
- ☐ Person lacks earning ability in the labor market adequate to support himself or herself; and,
- ☐ Person contributed to the educational opportunities of the other spouse or had a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself or herself.

9. PREGNANCY

- ☐ Wife is not pregnant, OR
- ☐ Wife is pregnant
The baby is due on _____ (date), (and, check one box below):
 - ☐ The Petitioner and Respondent are the parents of the child, OR
 - ☐ Petitioner is not the parent of the child, OR
 - ☐ Respondent is not the parent of the child.

WARNING. If wife is not pregnant, **STOP.** You must file the papers for legal separation without children.

11. DOMESTIC VIOLENCE: (Check the box that is true if you intend to ask for joint custody):

- ☐ Domestic violence has not occurred, OR
- ☐ Domestic violence has occurred but it has not been significant.

SUMMARY OF WHAT I SAY ABOUT DOMESTIC VIOLENCE THAT IS DIFFERENT FROM WHAT MY SPOUSE SAID IN THE PETITION.

12. CHILDREN OF THE PARTIES WHO ARE LESS THAN 18 YEARS OLD (check one box):

- ☐ There are no children under the age of 18 either born to or adopted by me and my spouse.
NOTE: If you checked this box, stop. You should be using the response packet to get a legal separation without children. OR
- ☐ The following child(ren) are under age 18 and were born to or adopted by me and my spouse:
(Attach extra pages if necessary).

Child's Name _____
Social Security No. _____
Birth date _____
Address _____

Child's Name _____
Social Security No. _____
Birth date _____
Address _____

Child's Name _____
Social Security No. _____
Birth date _____
Address _____

Child's Name _____
Social Security No. _____
Birth date _____
Address _____

13. WRITTEN CUSTODY AGREEMENT. CHECK ONLY IF TRUE:

- ☐ My spouse and I have a written agreement signed by both of us about the custody, parenting time, and child support for our child(ren).
- ☐ I have attached a copy of the written agreement.

14. SUMMARY OF WHAT I ASKED FOR THAT IS DIFFERENT FROM WHAT MY SPOUSE ASKED FOR IN THE PETITION: (Here summarize what is different between you want and what your spouse asked for.)

16. CONCILIATION. ☐ True or ☐ False. (Check one box.) The conciliation requirements under Arizona law either do not apply or have been met. (This must be a true statement or you cannot file for Legal Separation.)

16. CHILD CUSTODY JURISDICTION. (Check only one box).

- ☐ This court has jurisdiction to decide child custody matters under Arizona law because the children have lived in Arizona for at least 6 months before the Petition was filed. OR
- ☐ This court does not have jurisdiction to decide child custody matters under Arizona law because the children have not lived in Arizona for at least 6 months before this Petition was filed. Explain: (There are other reasons why the court may not have jurisdiction due to the residence of the children. See a lawyer for help.)

17. GENERAL DENIAL: I deny anything stated in the Petition that I have not specifically admitted, qualified, or denied.

REQUESTS TO THE COURT:

- A. LEGALLY SEPARATE OR CHANGE TO DIVORCE:** ☐ Legally separate the parties or ☐ Change this case to a divorce case because my marriage is over and either I or my spouse have lived in Arizona for the last 90 days or ☐ Legally separate the parties, but refuse to decide child custody matters due to lack of jurisdiction as stated in number 15 above.
- B. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY):** ☐ Order spousal maintenance/support to be paid by ☐ Petitioner, or ☐ Respondent through the Clerk of the Court/Clearinghouse in the amount of _____ per month, and the statutory fee, beginning with the first day of the month after the Judge or Commissioner signs the Decree of Legal Separation and continuing until the person receiving the spousal maintenance is deceased, or for _____ months.
- C. COMMUNITY PROPERTY:** ☐ Make a fair division of all community property as requested in this Response.
- D. COMMUNITY DEBTS:** ☐ Order each party to pay community debts as requested in this Response, and to pay any other community debts unknown to the other party. Order each party to pay and hold the other party harmless from debts incurred by him or her since the parties separation on (date): _____
- E. SEPARATE PROPERTY AND DEBT:** ☐ Award each party his or her separate property and debt.
- F. CHILD CUSTODY AND PARENTING TIME:** Award custody and parenting time of the children common to the parties, and less than 18 years as follows: (Check either the sole custody box or the joint custody box. If you check the sole custody box, check only one box related to parenting time.)
- F.1.** ☐ **SOLE CUSTODY** of the minor child(ren) awarded to ☐ Petitioner OR ☐ Respondent, subject to parenting time as follows:
- ☐ Reasonable parenting time rights to the parent not having custody, as will be described in the Parenting Plan attached to the Legal Separation Decree.
- ☐ Supervised parenting time between the children and the ☐ Petitioner OR ☐ Respondent is in the best interest of the children because: (**Explain** the reasons for supervision or no parenting time. Use extra paper if necessary.)

Name of the person who will supervise: _____
Requested restrictions on parenting time: (explain here) _____

The cost of supervised parenting time will be paid by ☐ the parent being supervised; ☐ the parent having custody; ☐ shared equally by the parties.

- ☐ No parenting time rights to the parent not having custody is in the best interests of the child(ren) because: **(Explain the reasons for no parenting time. Use extra paper if necessary):**
-
-

OR

- F.2.** ☐ **JOINT CUSTODY:** Petitioner and Respondent agree to act as joint custodians of the child(ren) as set forth in the Joint Custody Agreement signed by the parties, if the Court agrees with the Joint Custody Agreement. (Remember, there can be no significant domestic violence in your marriage.)

- G.** **CHILD SUPPORT:** Order that child support will be paid by ☐ Petitioner, OR ☐ Respondent in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines. (I will attach the Child Support Order to the Decree). Support payments will begin on the first day of the first month following the entry of the legal separation decree. These payments, and a fee for handling, will be paid through the Clerk of the Court and collected by automatic wage assignment.

- H.** **INSURANCE AND HEALTH CARE EXPENSES FOR CHILDREN:** Order that ☐ Petitioner, OR ☐ Respondent will pay for the health, medical, and dental insurance coverage for the child(ren) common to the parties and under the age of 18 years. Petitioner and Respondent will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the child(ren) in proportion to their respective incomes as described in the Parents' Worksheet, which I will submit with the Decree.

- I.** **TAX EXEMPTION:** The parties will claim the children as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim	Name of child	Current tax year	Later tax years
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent			
Parent entitled to claim	Name of child	Current tax year	Later tax years
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent			
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent			
<input type="checkbox"/> Petitioner or <input type="checkbox"/> Respondent			

- J.** **OTHER ORDERS I AM REQUESTING (Explain request here):**
-
-

OATH AND VERIFICATION OF RESPONDENT:

STATE OF ARIZONA)
County of Maricopa)ss.

I, the Respondent, being duly sworn and under oath, state that I have read this Response. All the statements are true, correct, and complete to the best of my knowledge and belief.

SIGNED: _____
Respondent's Signature

Subscribed and sworn to before me this date _____, by _____
(Respondent's name)

My Commission Expires:

NOTARY PUBLIC: _____

Copy of the foregoing mailed
to my spouse on _____
Month/Day/Year

and at the following address:

Name of Person Filing: _____ (A)
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a lawyer) OR ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner (B)

Case Number: _____ (C)

**RESPONSE TO CHILD SUPPORT
INFORMATION FORM**

Name of Respondent

STATEMENTS TO THE COURT, UNDER OATH:

1. INFORMATION ABOUT MY SPOUSE, the Petitioner:

Name: _____
Address: _____
Social security number: _____ Date of Birth: _____
Job Title: _____
Employer's Name: _____
Employer's Address: _____

INFORMATION ABOUT ME, the Respondent:

Name: _____
Address: _____
Social security number: _____ Date of Birth: _____
Job Title: _____
Employer's Name: _____
Employer's Address: _____

INFORMATION ABOUT MARRIAGE:

Date of Marriage: _____

4. INFORMATION ABOUT YOUR CHILD(REN): The following child(ren) is/are under 18 and were born to or adopted by my spouse and me during our marriage or paternity has been established.

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
Currently Resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father	_____	_____
Current Address:	_____	

NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

Currently Resides with: ☐ Mother ☐ Father

Current Address: _____

NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

Currently Resides with: ☐ Mother ☐ Father

Current Address: _____

NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

Currently Resides with: ☐ Mother ☐ Father

Current Address: _____

5. ACCESS

About how many days each week does the other parent see the children? _____ days
About how much time each day _____ hours

6. MEDICAL INSURANCE

- Who provides medical insurance for the children? ☐ Mother or ☐ Father
- How much does that parent pay each month for the children's medical insurance? \$ _____
- If you are not sure how much it costs to insure the children, state how much that parent pays and for how many people: \$ _____ Number of people _____

7. DAY CARE

- Do the child(ren) require day care? ☐ Yes ☐ No
- If the child(ren) require day care, who pays it? ☐ Mother or ☐ Father
- How much does it cost each month on average over the entire year? \$ _____

8. INFORMATION ABOUT SPOUSAL MAINTENANCE/SUPPORT

- A. ♦ Does Mother regularly pay court-ordered spousal maintenance/support (alimony)?
☐ Yes ☐ No
♦ If so, how much each month? \$ _____
- B. ♦ Does Father regularly pay court-ordered spousal maintenance/support?
☐ Yes ☐ No
♦ If so, how much each month? \$ _____

9. INFORMATION ABOUT INCOME

- A. What is Mother's gross (total) monthly income (before deductions and taxes)? \$ _____
- B. What is Father's gross (total) monthly income (before deductions and taxes)? \$ _____

10. INFORMATION ABOUT OTHER CHILDREN.

- A. ♦ Does Mother pay court-ordered child support for any other children? ☐ Yes ☐ No
♦ If so, how much each month? \$ _____
- B. ♦ Does Father pay court-ordered child support for any other children? ☐ Yes ☐ No
♦ If so, how much each month? \$ _____
- C. ♦ Does Mother support any other natural or adopted children who also live with Mother? ☐ Yes ☐ No
♦ If so, how many and what are their names, ages and dates of birth? _____

- D. ♦ Does Father support any other natural or adopted children who also live with Father? ☐ Yes ☐ No
♦ If so, how many and what are their names, ages and dates of birth? _____

11. OTHER CHILD SUPPORT ORDERS

- ♦ Are there any other child support orders in effect for any of the children in described in #10 above? ☐ Yes ☐ No
If so, list the name of the child affected, the name of the issuing court(s) and case number(s):

12. PREGNANCY

- ☐ Wife is not pregnant, or
☐ Wife is pregnant. The baby is due on _____ (date), (and, check one box below)
☐ The Petitioner and Respondent are the parents of the child, or
☐ Petitioner is not the parent of the child, or
☐ Respondent is not the parent of the child

13. SUMMARY OF WHAT I SAY ABOUT OUR CHILDREN THAT IS DIFFERENT FROM WHAT MY SPOUSE ASKED FOR IN THE CHILD SUPPORT INFORMATION FORM: _____

Address Information. It is very important for you (Petitioner and Respondent) to keep the court informed of your most current address. This means that if the address information on this form is incorrect or if you change address, you must contact the Clerk of the Court and give them your new or current address. Change of Address forms can be obtained at the Self-Service Center located at both courthouse locations: 101 West Jefferson, 1st Floor, Phoenix, Arizona, or 222 East Javelina, Mesa, Arizona, or on the Internet at:
www.superiorcourt.maricopa.gov/ssc/sschome.html.

OATH AND VERIFICATION OF RESPONDENT

STATE OF ARIZONA)
Maricopa County)ss.

I, the Respondent, being duly sworn and under oath, state that I have read this Response. All the statements in the Response are true, correct and complete to the best of my knowledge and belief.

SIGNED: _____
Respondent's Signature

Subscribed and sworn before me this date: _____ by _____
Respondent's Name

NOTARY PUBLIC: _____

My commission expires: _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
Atlas Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner

Case Number: _____

and

**AFFIDAVIT REGARDING
MINOR CHILDREN**

Name of Respondent

NOTICE: This *"Affidavit Regarding Minor Children"* is required for all custody cases. You must fill out this Affidavit completely, and provide accurate information. Use additional paper if necessary. You must give copies of this Affidavit and all other required documents to the other party, and to the judge.

- 1. CHILDREN OF THE PARTIES WHO ARE UNDER 18 YEARS OLD.** The following child(ren) are under age 18 and were born to, or adopted by, me and the other party.

Name _____	Name _____
Birthdate: _____ Age: _____	Birthdate: _____ Age: _____
Name _____	Name _____
Birthdate: _____ Age: _____	Birthdate: _____ Age: _____

- 2. INFORMATION REGARDING WHERE THE CHILDREN UNDER 18 YEARS OLD HAVE LIVED FOR THE LAST 5 YEARS.**

Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with: _____
City, State: _____	Relationship to Child: _____

Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with: _____
City, State: _____	Relationship to Child: _____

Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with: _____
City, State: _____	Relationship to Child: _____

Child's Name: _____	Dates: From _____ To _____
Address: _____	Lived with: _____
City, State: _____	Relationship to Child: _____

3. COURT CASES IN WHICH I HAVE BEEN A PARTY/WITNESS THAT INVOLVED THE CUSTODY PARENTING TIME OF THE CHILD(REN). (Check one box.)

☐ I have or ☐ I have not been a party/witness in court in this state or in any other state that involved the custody parenting time of the child(ren) named above. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

4. INFORMATION REGARDING PENDING COURT CASES RELATED TO THE CUSTODY OF THE CHILD(REN). (Check one box.)

☐ I do have or ☐ I do not have information about a custody parenting time court case relating to any of the children named above that is pending in this state or in any other state. (If so, explain. If not, go on.)

Name of each child: _____
Name of Court: _____ Court Location: _____
Court Case Number: _____ Current Status: _____
How the child is involved: _____
Summary of any Court Order: _____

5. CUSTODY OR PARENTING TIME CLAIMS OF ANY PERSON. (Check one box.)

☐ I do know or ☐ I do not know a person other than the Petitioner or the Respondent who has physical custody or who claims custody or parenting time rights to any of the children named in this Affidavit. (If so, explain below. If not, go on.)

Name of each child: _____
Name of person with the claim: _____
Address of person with the claim: _____
Nature of the claim: _____

OATH AND VERIFICATION

State of Arizona)
Maricopa County) sworn statement

I have read the "**Affidavit of Minor Children**" and know of my own knowledge that the information stated in it is true and correct, and that any false information may constitute perjury by me.

Name of Person Making Affidavit

Subscribed and sworn to before me on this date: _____
(month, day, year)

My commission expires:

Notary Public

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

Name of Petitioner _____ Case Number _____
AND

Name of Respondent _____
PARENTING PLAN
☐ FOR JOINT CUSTODY WITH JOINT CUSTODY AGREEMENT OR
☐ SOLE CUSTODY
☐ Mother
☐ Father

INSTRUCTIONS

This document has 3 parts: PART 1) General Information; PART 2) Custody and Parenting Time; PART 3) Joint Custody Agreement.

One or both parents must complete and sign the Plan as follows:

- a. **If both parents agree to joint custody:** Both parents must sign the Plan at the end of PART 2 and at the end of PART 3;
- b. **If both parents agree to custody and parenting time arrangements but not to joint custody:** Both parents must sign the Plan at the end of PART 2;
- c. **If only one parent is submitting the Plan:** That parent must sign at the end of PART 2.

PART 1: GENERAL INFORMATION:

A. CHILDREN. This Plan concerns the following children: (Use additional paper if necessary)

B. CUSTODY ARRANGEMENTS REQUESTED IN THIS PLAN: The following custody arrangement is requested: (Check the box(es) that apply.)

- ☐ **JOINT LEGAL CUSTODY DETERMINATION DEFERRED:** The parent's request for joint legal custody is deferred to the court for determination. **OR,**
☐ **JOINT LEGAL CUSTODY AGREEMENT:** The parents agree to joint legal custody and request the court to approve the joint legal custody arrangement as described in this Plan,
OR
☐ Mother or ☐ Father will be the primary custodial parent

☐ **SOLE LEGAL CUSTODY AGREEMENT:** The parents agree that ☐ Mother or ☐ Father will be the parent with sole legal custody and shall be the primary custodial parent. The parents agree that since each has a unique contribution to offer to the growth and development of their child(ren), each of them will continue to have a full and active role in providing a sound moral, social, economic, and educational environment for the benefit of the child(ren), as described in the following pages. **OR,**

☐ **SOLE LEGAL CUSTODY REQUESTED BY THE PARENT SUBMITTING THIS PLAN:** The parents cannot agree to the terms of custody and parenting time. The parent submitting this Plan asks the court to order custody and parenting time according to this Plan.

☐ **RESTRICTED, SUPERVISED, OR NO PARENTING TIME:** The parent submitting this Plan asks the court for an order restricting parenting time. The facts and information related to this request are described in the Petition.

PART 2: CUSTODY AND PARENTING TIME. Complete each section below. Be specific about what you want the judge to approve in the court order.

A. WEEKDAY AND WEEKEND SCHEDULE: The time-sharing schedule will be as follows:

☐ The children will be in the care of Father as follows: (Explain).

☐ The children will be in the care of Mother as follows: (Explain).

☐ Other custody arrangements are as follows: (Explain).

☐ Transportation will be provided as follows:

☐ Mother or ☐ Father will pick the children up at _____ o'clock.

☐ Mother or ☐ Father will drop the children off at _____ o'clock.

Parents may change their time-share arrangements by mutual agreement with at least ____ days notice in advance to the other parent.

B. SUMMER MONTHS OR SCHOOL BREAK LONGER THAN 4 DAYS: The weekday and weekend schedule described above will apply for all 12 calendar months **EXCEPT:**

☐ During summer months or school breaks that last longer than 4 days, no changes shall be made. **OR,**

☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Father: (Explain.)

- ☐ During summer months or school breaks that last longer than 4 days, the child(ren) will be in the care of Mother: (Explain.) _____
- ☐ Each parent is entitled to a _____ week period of vacation time with the child(ren). The parents will work out the details of the vacation at least _____ days in advance.
- ☐ Should either parent travel out of the area with the child(ren), each parent will keep the other parent informed of travel plans, address(es), and telephone number(s) at which that parent and the child(ren) can be reached.
- ☐ Neither parent shall travel with the child(ren) outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

C. HOLIDAY SCHEDULE: The holiday schedule takes priority over the regular time-sharing schedule as described above. Check the box(es) that apply and indicate the years of the holiday access/ Parenting time schedule.

Holiday	Even Years	Odd Years
<input type="checkbox"/> New Year's Eve	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> New Year's Day	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Spring Vacation	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Easter	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> 4th of July	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Halloween	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Veteran's Day	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Thanksgiving	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Hanukkah	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Christmas Eve	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Christmas Day	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Winter Break	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Children's Birthdays	<input type="checkbox"/> Mother or <input type="checkbox"/> Father	<input type="checkbox"/> Mother or <input type="checkbox"/> Father
<input type="checkbox"/> Mother's Day will be celebrated with the Mother every year.		
<input type="checkbox"/> Father's Day will be celebrated with the Father every year.		
<input type="checkbox"/> Each parent may have the child(ren) on his or her birthday.		
<input type="checkbox"/> Three-day weekends which include Martin Luther King Day, Presidents' Day, Memorial Day, Labor Day, Columbus Day, the children will remain in the care of the parent who has the child(ren) for the weekend.		
<input type="checkbox"/> Other Holidays (Describe the other holidays and the arrangement.)		
<input type="checkbox"/> Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours.		
<input type="checkbox"/> Other (Explain) _____		

D. PARENTAL ACCESS TO RECORDS AND INFORMATION: Under Arizona law (A.R.S. §25-403), unless otherwise provided by court order or law, on reasonable request, both parents are entitled to have equal access to documents and other information concerning the child(ren)'s education and physical, mental, moral and emotional health including medical, school, police, court and other records. A person who does not comply with a reasonable request for these records shall reimburse the requesting parent for court costs and attorney fees incurred by that parent to make the other parent obey this request. A parent who attempts to restrict the release of documents or information by the custodian of the records without a prior court order is subject to legal sanctions.

E. EDUCATIONAL ARRANGEMENTS:

- ☐ Both parents have the right to participate in school conferences, events and activities, and the right to consult with teachers and other school personnel.
- ☐ Both parents will make major educational decisions together. If the parents do not reach an agreement, then the final decision making regarding educational decisions shall be with ☐ Mother OR ☐ Father after consultation with _____.

F. MEDICAL AND DENTAL ARRANGEMENTS:

- ☐ Both parents have the right to authorize emergency medical treatment, if needed, and the right to consult with physicians and other medical practitioners. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters concerning the child(ren) and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses and telephone numbers of all medical/dental care providers.
- ☐ Both parents will make major medical decisions together, except for emergency situations as noted above. If the parents do not agree, then the final decision regarding medical issues will be with ☐ Mother OR ☐ Father after consultation _____.

G. RELIGIOUS EDUCATION ARRANGEMENTS:

- ☐ Each parent may take the child(ren) to a church or place of worship of his or her choice during the time that the child(ren) is/are in his or her care.
- ☐ Both parents agree that the child(ren) may be instructed in the _____ faith.
- ☐ Both parents agree that religious arrangements are not applicable to this plan.

H. ADDITIONAL ARRANGEMENTS AND COMMENTS:

- ☐ **NOTIFY OTHER PARENT OF ADDRESS CHANGE.** Each parent will inform the other parent of any change of address and/or phone number in advance **OR** within _____ days of the change.
- ☐ **NOTIFY OTHER PARENT OF EMERGENCY.** Both parents agree that each parent will promptly inform the other parent of any emergency or other important event that involves the child(ren).
- ☐ **TALK TO OTHER PARENT ABOUT EXTRA ACTIVITIES.** Each parent will consult and agree with the other parent regarding any extra activity that affects the child(ren)'s access to the other parent.
- ☐ **ASK OTHER PARENT IF HE/SHE WANTS TO TAKE CARE OF CHILD(REN).** Each parent agrees to consider the other parent as care-provider for the child(ren) before making other arrangements.
- ☐ **OBTAIN WRITTEN CONSENT BEFORE MOVING.** Neither parent will move with the child(ren) out of the Phoenix metropolitan area without prior written consent of the other parent, or a court ordered Parenting Plan.
- ☐ **COMMUNICATE.** Each parent agrees that all communications regarding the child(ren) will be between the parents and that they will **not** use the child(ren) to convey information or to set up parenting time changes.
- ☐ **PRAISE OTHER PARENT.** Each parent agrees to encourage love and respect between the child(ren) and the other parent, and neither parent shall do anything that may hurt the other parent's relationship with the child(ren).
- ☐ **COOPERATE AND WORK TOGETHER.** Both parents agree to exert their best efforts to work cooperatively in future plans consistent with the best interests of the child(ren) and to amicably resolve such disputes as may arise.
- ☐ **PARENTING PLAN.** Both parents agree that if either parent moves out of the area and returns later, they will use the most recent ***"Parenting Plan/Access Agreement"*** in place before the move

- ☐ or the minimum Maricopa County Access Guidelines until other arrangements can be worked out.
- ☐ **NOTIFY OTHER PARENT OF PROBLEMS WITH TIME-SHARING AHEAD OF TIME.** If either parent is unable to follow through with the time-sharing arrangements involving the child(ren), that parent will notify the other parent as soon as possible.
- ☐ **MEDIATION.** If the parents are unable to reach a mutual agreement regarding a legal change to their parenting orders, they may request mediation through the court or a private mediator of their choice.
- ☐ **DO NOT DEVIATE FROM PLAN UNTIL DISPUTE IS RESOLVED.** Both parents are advised that while a dispute is being resolved, neither parent shall deviate from this Parenting Plan, or Act in such a way that is inconsistent with the terms of this agreement.

NOTICE TO PARENTS: Once this Plan has been made an order of the court, if either parent disobeys the court order related to parenting time with the child(ren), the other parent may submit court papers to Expedited Parenting Time Services for possible enforcement. See the Self-Service Center materials for help.

I. SIGNATURE OF BOTH PARTIES

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

PART 3: JOINT CUSTODY AGREEMENT (IF APPLICABLE):

- A.** ☐ **JOINT CUSTODY AGREEMENT:** If the parents have agreed to joint custody, the following will apply, subject to approval by the judge:
- 1. REVIEW PARENTING PLAN.** The parents agree to review the terms of the joint custody agreement and make any necessary or desired changes every _____ months from the date of this document.
 - 2. CRITERIA.** Our joint custody agreement meets the criteria required by Arizona law (A.R.S. §25-403):
 - a.** The best interests of the child(ren) are served;
 - b.** Each parent's rights and responsibilities for personal care of the child(ren) and for decisions in education, health care and religious training are designated in this Plan;
 - c.** A schedule of the physical residence of the child(ren), including holidays and school vacations is included in the Plan;
 - d.** The Plan includes a procedure for periodic review;
 - e.** The Plan includes a procedure by which proposed changes, disputes and alleged breaches may be mediated or resolved;
 - f.** The parties understand that joint custody does not necessarily mean equal parenting time.

B. SIGNATURE OF BOTH PARENTS REQUESTING JOINT CUSTODY

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Daytime Phone: _____
Evening Phone: _____
Representing: ☐ Self ☐ Attorney
State Bar Number: _____

SUPERIOR COURT OF ARIZONA
IN _____(2) COUNTY

(3) _____)
Petitioner/Plaintiff,)
_____))
_____))
DOB _____ SSN _____)
VS. _____)
_____))
(4) _____)
Respondent/Defendant,)
_____))
_____))
DOB _____ SSN _____)

Case No. (5) _____

ATLAS No. _____

**PARENT'S WORKSHEET
FOR CHILD SUPPORT AMOUNT**

Prepared By:
(6) ☐ Father ☐ Mother
☐ Court ☐ State

MONTHLY GROSS INCOME

Total Monthly Gross Income

(7) Estimated/Attributed to: ☐ Father ☐ Mother
(Explanation is required on the sheets following
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father Mother

_____ (8) _____

ADJUSTMENTS TO MONTHLY GROSS INCOME

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid _____ (9) _____

Court-Ordered Child Support Actually Paid or _____ (10) _____

Contributed for Children of Other Relationships _____ (11) _____

Cost of Supporting Children of Other Relationships _____ (12) _____
(Explanation is required on the sheets following the
signature page at Item 11)

Adjusted Monthly Gross Income for Each Parent _____ (12) _____
(add or subtract lines 9 through 11 from line 8)

COMBINED ADJUSTED MONTHLY GROSS INCOME

Add both amounts from line 12 together.

(13) _____

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

BASIC CHILD SUPPORT OBLIGATION

Number of children for whom support is requested: (14) _____
provide details on the sheets following the
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) _____

ADJUSTMENTS FOR NECESSARY EXPENSES

You may need to complete items 30-31; (Explanation is required
on the sheets following the signature page.)

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Children	_____ (16)	_____
Child Care Costs	_____ (17)	_____
Adjusted for Tax Credit	_____ (17a)	_____
Extra Education Costs	_____ (18)	_____
Extraordinary/Special Needs Child Costs	_____ (19)	_____
Court-Ordered Visitation/Exchange Costs	_____ (20)	_____
Number of Child(ren) 12 and Over _____ 0 - 10% _____	(21) _____	_____
Total Adjustments for Necessary Expenses	(22) _____	_____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 22) (23) _____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____ (24)	_____
Combined adjusted gross income (from line 13)	_____ (25)	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26)	_____ %

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27)	_____
Percentage of combined adjusted gross income (from line 26)	_____ % (28)	_____ %

Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation _____ (29) _____

COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:

Father

Mother

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days _____ Per year (Explain on page 7)

Visitation Table Percentage _____ X Line 15 = _____ (30) _____

MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT

Enter the monthly amount of the medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16) [Guidelines 11] _____ (31) _____

CHILD CARE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for work-related child care. (From line 17a) _____ (31) _____

EXTRA EDUCATION ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parents or ordered by the court. (From line 18) _____ (31) _____

EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children. (From line 19) _____ (31) _____

COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with court-imposed supervised exchanges. (From line 20) _____ (31) _____

ADJUSTMENTS SUBTOTAL

Add lines 30 and 31. _____ (32) _____

PRELIMINARY CHILD SUPPORT AMOUNT

Deduct line 32 from line 29. _____ (33) _____

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

	<u>Father</u>	<u>Mother</u>
<u>EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL</u>		
Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.	_____ (34)	_____

<u>MULTIPLE CHILDREN, DIVIDED CUSTODY</u>		
Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.	_____ (35)	_____

<u>SELF-SUPPORT RESERVE TEST</u>		
Paying parent's Adjusted Gross Income from line 12	_____ (12)	_____
Minus reserve	(\$710) (36a)	(\$710)
Minus arrears	() (36b)	()
RESULT	_____ (37)	_____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

<u>AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY BASED ON THESE CALCULATIONS</u>		
Enter the lesser of the amounts shown on line 33, 34, 35 or 37.	_____ (38)	_____

<u>DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT</u>		
If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.	_____ (39)	_____

RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page. _____ (40) _____

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

Father

Mother

Percentage of uninsured medical expenses that each parent should pay. _____ (41) _____

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date _____ (42)
Signature of Person Filing

State of Arizona)
)ss. Acknowledged before me on this date: _____
County of _____)

My Commission Expires: _____
Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by _____.

Date: _____
Attorney Filing

BASIS FOR AMOUNTS SHOWN ON WORKSHEET

(7) Estimated/Attributed Income - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

(11) Cost of Supporting Children of Other Relationships - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

(11 – cont.) Name(s)

Date(s) of Birth(s)

Social Security Number(s)

(14) **Children for whom Support is Requested** - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)

Date(s) of Birth

12 or over
Y / N

Social Security Number(s)

(17) **Child Care Costs** - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

Custodial Parent

Monthly Child
Care Costs

X

Number
of months

=
Annual
Cost

X .75

=
Adjusted
Cost

÷ 12 =

Adjusted
Monthly Cost

X

_____ =

X .75

=

_____ ÷ 12 =

Non-custodial Parent

Monthly Child
Care Costs

X

Number
of months

=
Annual
Cost

÷ 12 =

Adjusted
Monthly Cost

X

_____ =

÷ 12 =

(21) **Child 12 and Over** - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

(30) **Adjustment for Costs Associated with Visitation** - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods _____ days

Weekend periods _____ days

Holidays periods _____ days

Midweek periods _____ days

School breaks _____ days

Other periods _____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

(34) Equal Time Sharing, Unequal Incomes – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

Divide the Amount of the Result by 2 (Result ÷ 2) = _____

(35) Multiple Children, Divided Custody – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

(39) Deviation From the Guidelines Support Amount - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

Requested Support Amount: \$ _____

(40) Visitation-Related Travel Expenses - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered. (Guidelines 16)

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

ATLAS Number (if applicable): _____
Attorney for Petitioner: (if applicable) _____
Attorney's Bar Number and Email (if applicable) _____
Attorney for Respondent: (if applicable) _____
Attorney's Bar Number and Email (if applicable) _____

**THE SUPERIOR COURT OF ARIZONA
IN MARICOPA COUNTY
FOR USE IN FAMILY COURT CASES ONLY**

Name of Petitioner (Please PRINT)

Case Number: _____

**ALTERNATIVE DISPUTE RESOLUTION
STATEMENT TO THE COURT
A.R.C.P. 16(g)(2)**

Name of Respondent (Please PRINT)

Check Appropriate Box Below:

- ☐ Petitioner's Statement
☐ Respondent's Statement
☐ Joint Statement (signed by both parties)

As required by Rule 16(g)(2) of the Arizona Rules of Civil Procedure, and under penalty of perjury, the responses below are true to the best of my/our knowledge and belief.

1. Have you and the other party discussed, in person or by telephone, the possibility of settling your case, and whether you might benefit from participating in some form of alternative dispute resolution (ADR)? (Check only one.)

☐ (a) YES, and I/we have checked our ADR choices under Number 2, on page 2.

☐ (b) YES, but we are not sure which ADR option best fits our situation. (Go to Number 2.)

☐ (c) YES, but I/we feel ADR would not be appropriate because: (Check all that apply.)

- ☐ A court Order of Protection or Injunction Against Harassment prohibiting contact is in effect.
☐ There is a fear of violence.
☐ Other reasons (Please Explain): _____

☐ (d) NO, we have not discussed because: (Check all that apply. Then go to Number 2.)

- ☐ A court Order of Protection or Injunction Against Harassment prohibiting contact is in effect.
☐ There is a fear of violence.
☐ Other reasons (Please Explain): _____

2. Please indicate in the next section which ADR option(s), *if any*, you prefer. Only check boxes in the column that is appropriate for you: If you are the Petitioner, only check boxes in the column for the Petitioner; if you are the Respondent, only check boxes in the column for the Respondent. If both parties are signing this document, make sure each party checks only their own choices. If both boxes are checked, the Court assumes you both agree to that option.

See the separate instructions for an explanation of each of these options.

I am/we are unsure which ADR option is best for our situation. I/we request a (free) conference with a court appointed ADR specialist to discuss options.	Petitioner	Respondent
	<input type="checkbox"/>	<input type="checkbox"/>
Court Sponsored: We wish to use the court sponsored ADR services below.		
Mediation of custody and/or parenting time through Conciliation Services	<input type="checkbox"/>	<input type="checkbox"/>
Expedited Services for child support, spousal maintenance, custody, parenting time (visitation), grandparent visitation	<input type="checkbox"/>	<input type="checkbox"/>
Settlement conference using a judicial officer	<input type="checkbox"/>	<input type="checkbox"/>
Private ADR: We wish to hire and pay for the private ADR services below.		
Mediation of all disputed issues using a <u>private</u> ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Arbitration of all disputed issues using a <u>private</u> ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Settlement conference using a <u>private</u> ADR provider	<input type="checkbox"/>	<input type="checkbox"/>
Other <u>private</u> ADR services. What type? _____	<input type="checkbox"/>	<input type="checkbox"/>

3. If any private ADR services were checked above, the name, address and phone number of that private provider, **if known at this time**, is:

Name

Address

Address cont.

Phone

4. We expect to complete the ADR service(s) (court provided *or* private) by: _____.
Month/Day/Year

Sign and print **your own** name below. **DO NOT** write the **other party's** name or signature.

Petitioner's Signature

Date

Respondent's Signature

Date